

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-026584

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 108

Primary Registration District No. 5423

Registrar's No. 557

FILED JUL 16 1962

1. PLACE OF DEATH

a. COUNTY

Dunklin

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Salem Township

Length of stay in 1b

2 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Mothers Residence

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Dunklin

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

Rt. 1

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Mary

Middle

Elizabeth

Last

Long

4. DATE OF DEATH

Month

Day

Year

July

9,

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

6/7/1931

9. AGE (last birthday)

31

IF UNDER 1 YEAR

Months Days Hours Min.

1 2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Worked Shoe Factory

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Stephen Hildebrand

13b. MOTHER'S MAIDEN NAME

Anna Mae Mayberry

14. NAME OF HUSBAND OR WIFE

Willie Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Anna Hildebrand Rt. 1, Arbyrd, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma Cervix

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7 July 62 to 9 July 62 and last saw her alive on 7 July 1962
Death occurred at 11:03 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7/12/1962

23c. NAME OF CEMETERY OR CREMATORY

Silverdale

23d. LOCATION (City, town, or county)

Near Arbyrd, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

McDaniel Funeral Service, Senath, Mo.

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

7-13-62 Mabel T. Daughman

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed D. L. Isbell

Licensed Embalmer No. 4970

P. O. Address Senath, MD.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.